

Food Service Orientation Manual

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Introduction

The purpose of this orientation manual is to give an overview of providing food service in adult care homes, including preparation of special therapeutic diets. Studying this manual and completing the post test will satisfy the requirement in Adult Care Home Rules 13F .0509 and 13G .0509, entitled “Food Service Orientation”, of completing a food service orientation program established by the Department. Of course, further instruction in food service from a registered dietitian, the administrator or other staff should be provided as needed to assure appropriate food service to residents. Please read this manual carefully. Be sure to speak with the administrator, dietitian or your supervisor if you have any questions.

This manual may be reproduced and is available on the DFS website at <http://facility-services.state.nc.us/gcpage.htm>.

Sanitation

What is sanitation? And is it different than just plain clean? The answer is...yes, most definitely! Clean and sanitary are two different things. *Clean* refers to whether something is free from visible dirt. In other words, when you look at it, you do not see dirt or stains. On the other hand, when you *sanitize*, it means that you are disinfecting. In other words, you are not just removing visible dirt, but killing the bacteria (germs). Bacteria, or germs, can make you sick! The elderly are particularly susceptible to harmful bacteria. These bacteria may find their way into food from poor sanitation of the kitchen and equipment, poor food-handling, or inadequate cooking of foods.

Another way bacteria find their way into food is through your hands. Did you know that harmful bacteria could be found on all of our hands on any average day? You'll read more about this later on. For now, let's read more about sanitizing the kitchen and equipment. You will learn that lots of things in the kitchen will not only need to be cleaned, but also sanitized to kill harmful bacteria.

Sanitation---Kitchen

Kitchen surfaces and dining room tables need to be cleaned as well as sanitized often. Anytime raw meat or poultry is prepared, for example, it is likely that harmful bacteria have been left behind on cutting boards, utensils, countertops, etc. As you probably know, preparing food can make a mess! But it is very important that you stay on top of keeping the kitchen clean and sanitary since this is where food for all the residents will be prepared.

Your facility should have a schedule describing the various duties, how often they should be performed, and how to go about sanitizing surfaces. A solution of 1 tablespoon of bleach per gallon of water can be used to sanitize surfaces. Be sure and follow your facility's protocol for cleaning and sanitizing both the kitchen and dining areas.

Sanitation---Equipment

Why does equipment have to be sanitized? Food service equipment can be a source of harmful bacteria (germs) when it comes in contact with food and can cause food-borne illness.

Equipment such as meat slicers, blenders, processors, and utensils used in preparation of food should be cleaned and sanitized *after each use*. Refrigerators and freezers should be periodically cleaned and sanitized. Any spills in the refrigerator should be cleaned up immediately and not left to sit. Be sure to follow your facility's routine cleaning schedule.

Sanitation---Dishes

Dishes, utensils and all glassware, of course, need to be sanitized. This can be accomplished by running them through the dish-machine, which should sanitize them either by hot water temperature or chemicals such as bleach. If you notice that dishes do not come out clean or that the dish-machine does not operate properly, be sure to notify the administrator so it can be repaired. Larger items that can't fit in the dish-machine can be sanitized in the 3-compartment sink. The first sink is used to wash, the second to rinse, and the third to sanitize. All 3 steps are important and must be completed. The water in the third sink must either be heated to at least 170 degrees Fahrenheit, or sanitizing chemicals added---you should have test strips in the facility that can be used to identify when the required concentration of a sanitizing chemical is achieved.

If you are using bleach in the water, you are required to add enough to reach 50 ppm (parts per million) with a temperature of at least 75 degrees. The test strips will allow you to determine by color when you have added enough bleach. Your facility may be using some other chemical to sanitize --- so ask your supervisor if you are unsure or have questions.

Food Safety---Dry Storage

Dry storage is the term used to describe the room or area used to store foods that do not need to be refrigerated. Foods such as rice, cereal, flour, cake mixes, and bread are examples of items that may be stored here. The dry storage area should be kept clean and organized. All food items should be stored off the floor, in appropriate containers if in bulk such as rice, sugar or flour, and labeled.

If your facility does not have a separate room to store chemicals, there may be an area set aside in the dry storage room to store chemicals such as bleach, cleaning solutions or detergents. It is very important that these chemicals be stored in an area set aside from food items and be properly marked to identify them. This will help prevent the possibility of accidentally contaminating food with chemical agents.

Food Safety---Cold Storage

Cold storage is the term used to describe foods that need to be refrigerated or kept in the freezer. Items such as milk, fresh vegetables, prepared dishes such as chicken salad, lunchmeats and leftovers may be stored in the refrigerator. Each refrigerator should have a thermometer and the temperature in the refrigerator should be 45 degrees Fahrenheit or below.

All leftovers should be labeled with the date the item was placed in the refrigerator. This ensures everyone knows how long the leftovers have been in storage. Be sure that you do not leave leftovers setting out. They need to be refrigerated immediately. Leftover hot foods can be put in an ice bath prior to storing in the refrigerator. For example, a pan of lasagna can be placed on top of a pan of ice to cool it down prior to storing in the refrigerator.

Maintaining perishable foods such as milk, leftovers, luncheon meats, etc. at 45 degrees Fahrenheit in the refrigerator will help ensure that bacteria do not begin to grow rapidly on any of these foods. Refrigerators and freezers should be kept clean both inside and outside. Sanitize the inside and outside (especially around door handles) of your refrigerator periodically. Your facility should have a schedule for when this should be done.

Food Safety---Food Handling

Did you know your hands carry illness-causing bacteria? This is why you should wash your hands prior to preparing food or beverage. This is especially important prior to preparing or serving ready-to-eat foods such as tossed salads, beverages and fresh fruit. Ready-to eat foods such as these are not cooked, so any bacteria that might have contaminated them will not be killed by cooking. Bacteria from your hands can contaminate foods and utensils and cause illness in a resident. Elderly residents are particularly susceptible to food-borne illness, so being sanitary is very important.

Did you know certain foods have bacteria on them that can make you sick? Raw meats, poultry, seafood and fresh eggs for example, can carry bacteria that can cause illness. After contact with any of these your hands should be washed thoroughly with soap and water to prevent spreading the bacteria to other foods or objects. Also, you can pick up harmful bacteria from other things such as garbage cans, the floor, dirty rags, or even your own body.

Let's now consider how food should be handled after it has been cooked and prior to being served to residents. Your facility, for example, may use a steam table to hold hot foods prior to serving to the residents. Hot foods should be held at a temperature of at least 140 degrees Fahrenheit. This will prevent bacteria from growing rapidly and posing a threat to the safety of the food. If the facility does not have a steam table for keeping hot foods hot after they have been cooked, you'll need to keep food over the stove at a very low temperature (at least 140 degrees Fahrenheit) until it is ready to be served to the residents. Never let cooked foods just set out for an extended period prior to being served.

Food Safety---Cross-Contamination

Cross-contamination is another way illness-causing bacteria can find their way into food. When bacteria from one food or object contaminate another food or object this is called cross-contamination. One way cross-contamination occurs is when cutting boards used to cut or prepare raw meat or poultry are then used to cut fresh produce without first cleaning and sanitizing the cutting board. This can also happen if a utensil used to cut raw meat or poultry is then used to cut fresh vegetables or fruit. If possible, use one cutting board for fresh produce and

use a separate one for raw meat, poultry, and seafood. Never place cooked food back on the same plate or cutting board that previously held raw food. And remember to always wash your hands, cutting boards, dishes, and utensils after contact with raw meat, poultry and seafood. Follow your facility's methods for sanitizing all dishes, cutting boards and utensils.

Food Safety---Thawing Meats/Poultry/Fish

Since raw meat, poultry, and seafood can contain harmful bacteria, it should make sense that care should be taken when thawing these. You should never thaw these at room temperature on the kitchen counter. Bacteria can multiply rapidly at room temperature, so the best way to thaw meats/poultry/seafood is in the refrigerator. An excellent way to thaw foods is to place thawing items in a pan on the bottom of the refrigerator. You want to be sure raw meat or poultry doesn't drip onto other items in the refrigerator and contaminate them. Raw meat and poultry can also be thawed under *cold* running water in the bottom of a food preparation sink. The water should drain out; you don't want raw meat or poultry sitting in a sink full of water.

Personal Hygiene--- Handwashing

You've already read a little bit about the importance of washing your hands—but do you know *how* to wash your hands? Most people think they do but, if you work in food service, you need to be thorough to prevent spreading harmful bacteria. Follow these steps:

1. Wet hands
2. Apply soap
3. Briskly rub hands for 20 seconds
4. Scrub between fingers
5. Scrub forearm to just below elbow
6. Rinse forearms and hands
7. Dry hands with a paper towel
8. Turn the water off using a paper towel
9. Discard the paper towel

Sound a little more involved than what you are used to? It may be, but if you are a food handler, it is very important in preventing the spread of bacteria. Just blowing your nose, using the toilet or scratching your head or body can contaminate your hands with potentially deadly bacteria. Those bacteria can be spread to food or utensils if you don't wash your hands afterwards. So, now that you know how to wash your hands properly, *when* should you wash your hands? Here are some examples of when to wash:

1. Before handling or preparing food, clean dishes and utensils
2. After touching any part of your body
3. After using the toilet
4. After touching animals
5. After coughing, sneezing, eating or using tobacco
6. After taking the garbage out, handling dirty dishes or equipment, or cleaning the kitchen
7. After preparing raw meat/poultry/seafood.

8. After touching anything that would contaminate your hands when they are clean, including contact with residents in the facility or objects that are not clean.

Personal Hygiene --- Clean Clothes/Hair Restraint

Personal hygiene is also a part of preventing the spread of harmful bacteria. Be sure when you show up for work that *you* are clean, and your *clothes* are clean. You also need to wear some type of hair restraint if you will be working around food.

Personal Hygiene--- Infections/Communicable Diseases

What if you have a cold or some other communicable or infectious disease? Sanitation rules restrict your work in food service in any capacity if there is a chance that you will contaminate food or food-contact surfaces. So, if you have the “flu”, a cold with a cough or runny nose, a boil, an infected wound or any other communicable disease, it would be best to stay home! The elderly and sick cannot fight off infections as well as younger, healthy adults, so if you spread your cold or flu, it could be life-threatening for someone who is chronically sick or frail!

Therapeutic Diets

Therapeutic diet menus are designed and written by registered dietitians. The dietitian has written these menus to ensure that meals meet guidelines for treating certain medical conditions and that they are nutritious, palatable, and provide a balance of different foods that will be well tolerated by the resident. The administrator of the home should provide you with a list of residents on special (or therapeutic) diets so that you will know who should receive a therapeutic diet. It is very important that you follow these menus in preparing special diets. Following the menus will help ensure that what you serve to the resident is appropriate for the resident’s medical condition and that it will be well tolerated by the resident. You should see a therapeutic menu column for each diet that is listed on the therapeutic (or modified) diet list. If you see a resident listed to receive a diet that is not represented on the menus, notify the administrator immediately. The administrator may need to contact the resident’s physician to obtain an appropriate diet order. You’ll need to review the menus of all the diets your facility offers. Here is an overview of *some* of these special diets that you may be preparing.

Puree

This diet consist of foods that have a smooth, soft texture, much like fluffy whipped potatoes. It may be used for residents who have difficulty swallowing or chewing. Thickening agents may be used to produce the right consistency. You will need a blender or food processor to prepare foods to the consistency of fluffy whipped potatoes. It is important to prepare the diet exactly as outlined on the menu to ensure residents receive foods that are appropriate and safe to eat.

Mechanical Soft

This diet may be used for residents who have problems chewing food due to facial paralysis, poorly fitting dentures or few teeth. Meats are typically chopped or ground. Raw and dried fruits and vegetables, nuts and seeds are typically not allowed. You will

need to follow your facility's menu guide for this diet. Many times menus vary in what is included and also what they are called. For instance, a regular ground menu pattern may be very similar to a mechanical soft menu pattern, but vary in what foods are actually included on the menu. Just be sure to follow your facility's menus and ask questions if you aren't sure.

No Concentrated Sweets

This diet may be used for residents who have diabetes mellitus, a disease that affects how your body handles food. The diet is limited in concentrated sweets. Some examples of concentrated sweets are regular cakes, pies, candies, regular sodas and table sugar.

Serving this diet correctly is important to help these residents manage their diabetes. Be sure to follow your facility's menu pattern for what can be served on these diets.

Sometimes it may allow for *small* portions of regular desserts, or it may restrict sweets all together. Just be sure to read the menu column for this diet carefully.

Calorie Controlled ADA

These diets are also designed to help residents control their diabetes, but in addition to restricting concentrated sweets, it restricts *calories*. Limiting portions and preparing foods with as little fat as possible are two ways to restrict calories. So, you will notice the menu pattern for these diets are very specific in what can be served. Be sure you note portion sizes and different preparation methods, such as baking instead of frying, fat-free seasoning instead of butter, or differences in what type of bread is served, for example, rolls instead of biscuits or cornbread.

No Added Salt (4-gram sodium)

This diet is restricted in the addition of salt to meals at the table. It may also restrict certain foods high in salt. This means that generally salt can be used in cooking the food, but the resident should use no additional salt at the table. Let's explain the difference between salt and sodium. Sodium is found in salt, and it is sodium that is linked to health problems such as high blood pressure and fluid retention. When you see the word sodium, think salt and salty foods—they are a big source of sodium. That's why they are limited in the diet. Be sure to follow your facility's menu pattern for this diet since menus may vary and some items allowed on a regular diet may not automatically be allowed on a No Added Salt diet.

2-Gram Sodium

This diet is much more restrictive than the No Added Salt diet. Processed or prepared foods such as frozen entrees, luncheon meats, or canned soups that are high in sodium are eliminated. Milk is limited to 2 cups per day. The menu for this diet will outline exactly what should be served. As a rule, salt is not added during cooking or at the table.

Generally, it will be necessary to prepare foods for this diet separately since salt cannot be used in cooking.

It is very important to follow the menu pattern for this diet because the sodium content has been calculated by a registered dietitian and any substitutions made should be done ensuring the item substituted will also be low in sodium. Pay particular attention to

canned vegetables and processed meats—these are generally high in sodium and a low-sodium version must be used. In many cases, breads such as biscuits or cornbread and desserts will vary from the regular menu on a 2-gram sodium diet—so be sure to check the menu pattern before you start preparing the meal!

Renal

Now here is a diet that really needs your attention. This diet generally restricts the amount of protein, sodium, and potassium in the diet. That means there are quite a few foods that are limited both in variety and portion. Some residents may also have their fluid intake restricted. Once again, a registered dietitian has calculated this diet to contain a certain amount of nutrients and minerals, so the menu pattern must be followed closely.

Depending on the facility's menus, this diet may also require that you prepare foods separately (without added salt) to ensure that it meets the guidelines for sodium. Look at your facility's menus closely to see if the menu specifies "salt free" or "low sodium" versions of vegetables or meats for this diet. Also pay attention to the types of breads and desserts this menu calls for. It can make a big difference in the sodium and potassium content of the food that you serve!

It's a good idea to avoid making substitutions on this diet because of all the different foods that provide potassium, sodium and protein. For example, the food you substitute may contain a lot more potassium than what the menu calls for, so you may end up serving something that is not allowed on the diet! Portion size is also very important because it ensures the resident receives the right amount of protein, sodium and potassium. All of these nutrients can affect the resident's health if they are consumed in excess, so read your menu closely *before* preparing this diet. Be sure to ask questions if you are unsure about something.

Low Cholesterol/Low Fat

Like the name implies, this diet restricts the amount of fat and cholesterol in the diet. Be sure to follow your facility's menus for portion size and preparation methods for this diet. For example, pay close attention if the menu calls for "low fat" versions of entrees or vegetables. Make note of differences with the type of bread or dessert that is called for. Be sure to ask questions if you are unsure about something.

Dysphagia Diets / Thickened Liquids

Thickened liquids are used to help residents with swallowing difficulties. A thickened liquid is easier to swallow than an unthickened liquid for residents who have trouble swallowing. It is important that the diet and liquids are prepared correctly to ensure that the resident does not choke and that food or liquid does not "go down the wrong pipe". This can put the resident in serious danger if foods and liquids enter the "wind pipe", so correct preparation is extremely important. There are three levels of consistency that liquids may be thickened to : (1) "nectar" thick, (2) "honey" thick, and (3) "pudding" thick. What is important is that you prepare them according to the directions on the label of the canister or packet of thickener.

Pay attention to the amount of fluid and the amount of thickener called for to achieve one of the consistencies mentioned above. You will need measuring cups to measure the fluid and measuring spoons to measure the thickener. Be sure to ask the administrator if you do not know the specific consistency (nectar, honey or pudding thick) of a beverage you need to prepare for a resident. Also, remember that ice should never be added to a thickened beverage—just chill the beverage in the refrigerator instead. Your facility may have pre-thickened beverages for these residents. If so, be sure that the level of thickness of the beverage you serve matches the thickness specified on the diet list for that particular resident.

Let's look briefly at dysphagia diets. Dysphagia diets are also designed for residents that have swallowing difficulties and may be used along with thickened liquids to help them swallow their food and beverages without choking. You may see dysphagia diets on your facility's menus—this may be a puree diet. Be sure to read your menu carefully and prepare the diet according to what is specified there.

Therapeutic Menus – Reading Spread Menus

You've heard a lot about menus up to this point. So now would be a good time to pull out your facility's menus! Menus can be set up differently depending on what facility you are in, which is why you need to take a good look at your facility's menus. Don't try to rely on your knowledge of special diets from previous jobs in preparing foods—menus often vary and should be prepared according to what is required for each therapeutic diet. You may need to discuss the menus with your supervisor to fully understand them, but in general, there are a couple of things you may see. Some menus may have a "week at a glance" menu showing a full 7 days of the *regular* menu. If your facility serves therapeutic diets, you should see a "spread menu" for each day of the week showing the menu (breakfast, lunch, dinner) that should be served for *each therapeutic diet*, such as mechanical soft, puree, no concentrated sweets, etc. These diets usually appear in columns and the names of the therapeutic diets are across the top of the columns.

Under the name of each diet is the menu for that particular day for that particular diet. You will need to know which menu *day* you need to prepare. Many times the menus are dated, so you will find and prepare food for the menu with the current date. Always check with the administrator if you are unsure. Most menus have "cycles"; in other words, the same 3 or 4 weeks rotate over and over again. Some menus change with the seasons, and you may see different menus for fall/winter and spring/summer. These are all things that you will need to be clear about before preparing meals. Always check with the administrator if you are not sure!

Therapeutic Menus – Making Substitutions

You may find that on occasion you don't have a particular food that the menu calls for that day. What do you do? Of course you will need to substitute something else. But you want to make sure that the substitution you serve is appropriate for *all* of the diets, including the therapeutic diets. Not sure what can be substituted on a therapeutic diet? Look at another day's menu on

that same therapeutic diet column to see other foods that would be allowed within that particular diet

It's best not to make a lot of substitutions. If you find that you are making a lot of substitutions, you will need to notify the administrator. This may indicate that there is a problem with ordering foods or that the menus need to be adjusted by the registered dietitian. Making too many substitutions can interfere with ensuring variety and balance in meals that are served day after day. One way you can have a big impact is by noticing which entrees are not well liked or accepted by a majority of the residents. In this case, the registered dietitian can alter the menus to suit the food preferences of the majority of residents. Be sure to notify the administrator if you notice a lot of food waste from plates or complaints with certain foods that are served.

Recipes

Many times you will need to refer to a recipe to prepare a certain dish or entree. This may especially be true if it is a dish for a therapeutic diet such as no concentrated sweets, 2-gram sodium, low fat low cholesterol, no added salt or renal diet, in which case the dish or entrée may need to be prepared differently than the regular diet. The facility should have recipes to go with the menus. Be sure to familiarize yourself with where the recipe book is and how to quickly find and use a recipe when you need it. Check with the administrator if you aren't able to find something or have questions.

Resident Rights

Well, you are just about done with your orientation to food service! But what we will talk about now is very important and should affect all of your interactions with the residents. Do you know what rights a resident has in a home such as the one you work in? The State of North Carolina has made a Declaration of Residents' Rights, which you should see posted in your facility. Consider the following in dealing with residents and serving of meals:

- Residents have the right to have their food preferences honored.
- Residents have a right to request an alternate meal or sandwich if what is served is not to their liking.
- Residents have the right to refuse their therapeutic diet—if you observe this, the administrator should be notified to ensure the resident's needs are met.
- Residents have the right to be treated with respect, courtesy, and dignity in *all* of their interactions with you.

Meal times should be as pleasant as possible. The dining room should be clean, neat and decorated for the season if possible. Flowers or some type of centerpiece can help make a table pretty. If music is played, it should be kept at a low volume and be appropriate for, and liked by the residents. Mealtime is not a time to play *your* favorite music. Keep in mind that you are in *their* home. If music is played in the kitchen while preparing meals, it should be turned off while the kitchen door is open and residents are being served in consideration of them. There should not be loud talking or screaming across the dining room during meal times by staff. Remember that we want to make dining a pleasant experience for the *residents*.

Decide ahead of time how you will get all the meals out in a timely and organized manner. Residents at one table shouldn't have to watch others at their table eat while they sit there without their food for an extended amount of time. If residents make requests they should always be honored if possible and assistance given in a courteous, timely, and respectful manner. Be careful not to tease, "talk down to", or "make fun" of residents. Never order a resident around. All of your interactions with the residents should be respectful, courteous and helpful.

Now take the post-test and see how much you know! Please be sure to go back and re-read the information for questions you missed. At the bottom of the post test is an area for you to sign that verifies you have read all of this information and taken the post test. The administrator or administrator/supervisor-in-charge should also sign below to verify that you have been given this information and taken the test. The Post Test with signatures is to be maintained in the facility.

It may be necessary that the administrator discuss the information in this manual with you in order for you to fully understand your role in food preparation. Most likely, if you are reading this, you are either the kitchen supervisor or responsible for preparing meals for residents. You'll want to share your knowledge with everyone who works in food service or assists in serving meals. You have an extremely important job! Take pride in your work and share your knowledge!

POST TEST FOR FOOD SERVICE ORIENTATION

Circle the best answer for each question.

1. Sanitation of kitchen surfaces is different than “clean” in that it means it has been treated to kill what? A. harmful bacteria B. rodents C. flies D. animals
2. Kitchen equipment such as blenders and meat slicers should be sanitized: A. once a month B. once a week C. once a day D. after each use
3. Dishes can be sanitized by using: A. soap and water B. a fan to air dry C. water temperatures of 170 degrees or sanitizing chemicals such as bleach D. a drying rag.
4. Food can be stored on the floor as long as it is in dry storage area and the floor is clean. True or False
5. What is the appropriate temperature for refrigerators? A. 50 degrees or below B. 0 degrees C. 45 degrees or below D. 32 degrees or below
6. Which food may contain harmful bacteria? A. raw chicken B. fresh eggs C. raw meat D. all of these may contain harmful bacteria
7. Cross-contamination occurs *only* when *hands* are not washed after handling raw meat or poultry. True or False
8. An acceptable way to thaw hamburger would be to: A. let it sit on the counter B. in a sink full of water C. in a pan in the bottom of the refrigerator D. outside on a hot day.
9. Your hands should be washed after which of the following: A. touching raw meat, poultry or seafood B. after a trip to the restroom C. after touching garbage or other unclean surfaces. D. All of these

10. After hot foods have been prepared and are ready to be served, they should be held at what temperature to ensure bacteria do not grow rapidly? A. 0 degrees Fahrenheit
B. at least 140 degrees Fahrenheit C. 35 degrees Fahrenheit D. 500 degrees Fahrenheit
11. You should **not** work in food service if you have which of the following? A. a cold or the “flu” B. an infected wound C. both A and B D. a bad hair day
12. Therapeutic diets are made up by chefs. True or False
13. What appliance is needed to prepare pureed diets? A. oven B. sharp knife
C. a blender or food processor D. toaster
14. Which diet provides meats chopped or ground for residents who have problems chewing?
A. No Concentrated Sweets B. Renal C. No Added Salt
D. Mechanical Soft
15. Which diet limits sweets such as regular cakes, pies, candy and regular sodas and drinks?
A. Renal B. No Concentrated Sweets C. Puree D. No Added Salt
16. Which diets may require that foods be prepared separately from regular foods because of salt? A. Renal and 2-gram Sodium B. puree and mechanical soft C. Finger Foods
D. Dysphagia
17. A Low Fat/Low Cholesterol menu may call for low-fat preparation methods, such as baking instead of frying. True or False
- 18 Which diet is used for residents with swallowing problems? A. No concentrated Sweets B. Dysphagia C. Low Cholesterol Low Fat D. No Added Salt
19. What equipment is needed to prepare thickened liquids using a powdered thickener? A. measuring cups B. measuring spoons C. microwave D. both A and B
20. Where can you find directions for how much thickener should be added to a 4-ounce beverage to achieve nectar thickness? A. on the label of the canister or packet of thickener
B. the menus C. the recipe book D. the phone book

21. A teaspoon of thickener will work in *any amount* of beverage. True or False
22. Therapeutic diet menus are the same in all facilities. True or False
23. It's OK to pick *any* day from the menus for meal preparation? True or False
24. When making substitutions on therapeutic diets, what is an easy way to know what other foods can be substituted? A. look at a different day under the same therapeutic menu column. B. ask the residents C. just use your imagination D. pick something the same color
25. There is no need to follow recipes when preparing therapeutic diets. True or False
26. You can order residents around only if they are not doing what you want them to do.
True or False
27. It is the cook's responsibility to provide alternative foods if a resident refuses the meal served and to honor each resident's food preferences. True or False
28. Loud music of your liking should only be played occasionally in the dining room.
True or False
29. You can tease residents just like you would your own friends. True or False
30. You should always be helpful to residents except when you are not feeling well or too busy.
True or False

I have read the Food Service Orientation Manual and completed the Post Test.

Signature of person who completed food service orientation **Date**

I verify that the person whose signature is above received the Food Service Orientation Manual and completed the Post Test.

Signature of Administrator or Administrator/Supervisor-in-Charge **Date**

The Post Test with signatures is to be maintained in the facility.

Answers to Post Test

1. A
2. D
3. C
4. False
5. C
6. D
7. False
8. C
9. D
10. B
11. C
12. False
13. C
14. D
15. B
16. A
17. True
18. B
19. D
20. A
21. False
22. False
23. False
24. A
25. False
26. False
27. True
28. False
29. False
30. False